



STATE OF MARYLAND  
**DHMH**

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**Maryland Department of Health and Mental Hygiene**

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary  
Office of Procurement and Support Services – Sharon Gambrell, CPPB, Director

**REQUEST FOR PROPOSALS  
MEDICAL CARE PROGRAMS – MARYLAND MEDICAID PHARMACY PROGRAM**

**“Drug Use Review Analyses, Evaluations & Interventions for Maryland Medicaid  
Recipients”  
DHMH OPASS #13-13295**

**Addendum #1  
Issued: February 21, 2013**

*All persons who are known by the Issuing Office to have received the above-referenced RFP  
are hereby advised of the following revisions:*

**Revision to Proposals Due Date - Section 1.11**

**Original Due Date for Request for Proposals:**

*Monday, February 25, 2013 at 2:00 p.m. Local Time*

**New Due Date for Request for Proposals:**

*Wednesday, March 6, 2013 at 2:00 p.m. Local Time*

Questions will no longer be accepted unless they are substantive in nature and approved for consideration by the Procurement Officer.

All other terms and conditions remain unchanged.

This Addendum is issued under the authority of State Procurement Regulations, COMAR 21.05.02.08 and with the approval of the Procurement Officer.

February 21, 2013

Date

*Sharon R. Gambrell*

Sharon R. Gambrell, CPPB

Procurement Officer, DHMH

Office of Procurement and Support Services

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Addendum #1  
DHMH OPASS 13-13295

Upon receipt, please return the addendum acknowledgement via fax, email or hardcopy to:

Jane Rutkowski  
Procurement Coordinator  
Medical Care Program – Office of Systems, Operations & Pharmacy  
201 W. Preston Street, SS Level  
Baltimore, MD. 21201  
410.767.5051  
410.333.5277(fax)  
[Jane.rutkowski@maryland.gov](mailto:Jane.rutkowski@maryland.gov)

**ADDENDUM ACKNOWLEDGEMENT**

I acknowledge receipt of Addendum #1 to DHMH OPASS #13-13295 titled “Drug Use Review Analyses, Evaluations & Interventions for Maryland Medicaid Recipients” dated February 21, 2013.

\_\_\_\_\_  
Vendor’s Name

\_\_\_\_\_  
Authorized Signatory – (Print/Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date